TO: Members of the HUMAN SERVICES Committee
FROM: Sheila B. Amdur, NAMI-CT
RE: **HB 6524: An Act Concerning Managed Care for Certain Medicaid Beneficiaries**
HB 6610 AN ACT CONCERNING MEDICAID INCOME LIMITS FOR AGED, BLIND AND DISABLED PERSONS
S. B. No. 843 AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS CONCERNING SOCIAL SERVICES
DATE: March 3, 2009

I testified before you yesterday on the same issue that is contained in HB 6524, to which we are in full opposition. Many bills and proposals are coming before you that presumably would "save money," but which in reality will lead to greater costs and greater misery. Health care is complex, and the approaches to the treatment of chronic illness and particularly to the treatment of serious mental illnesses, for which the etiology and biology and efficacies of treatment are still not well understood, are individualized, and often not standardized.

We should take no steps about moving the sickest, poorest, and most vulnerable populations covered under Medicaid into traditional managed care. Over time, we will see more hospitalizations, emergency room visits, and in all likelihood, higher death rates. We do know that risk based private managed care is a terrible management model for people with serious mental illnesses and other serious illnesses. We already witnessed the disastrous consequences of this model for children, which shifted the cost of behavioral health treatment to the state, with sky rocketing emergency room, inpatient, and residential treatment costs. We do not need to repeat this scenario for the adult seriously mentally ill population.

If we want to look at how to better manage the health care costs of people who are aged, blind or disabled, then let's seriously study this issue with a "study group" that predominantly includes consumer, families, and advocates, the people who know from the ground level what approaches are most efficacious with a seriously disabled population. Let's look at primary care case management models. Let's look at models that promote and support healthy life styles—nutrition, exercise, tobacco cessation. Let's look at models that have primary responsibility focused in a treater and not an anonymous voice in a call center in Iowa. Let's look at models that focus on reducing institutional costs, and address the fact that the mortality of people with severe mental illnesses is 25 years below the rest of the population. This bill will not get us there.

HB 6610 would raise the income disregard for Aged, Blind, and Disabled recipients to the same level as HUSKY adults. In an era of health care reform in which we are working to cover more uninsured Connecticut citizens, this is a population that is at high

risk and for whom federal Medicaid funds would be equal partners in paying for their health care.

SB 843 AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS CONCERNING SOCIAL SERVICES contains very harmful provisions related to people who are poor, elderly, and disabled, and their access to medications. Connecticut has received major financial support from the federal government for CONNPACE and for its own state retiree health insurance plans. The protections put into place when Medicare Part D was implemented were to prevent people who were dually eligible for Medicaid and Medicare from losing access to medications that they had under the traditional Medicaid program. Taking this away from them, requiring co-pays, enrollment in plans that may require them to switch medications that have helped maintained their health and stability is a very poor choice. We know what the outcomes are of restricting access to psychiatric and other medications needed for people with major disabilities and chronic illnesses; let's not go down that route

We thank you for all of your efforts to protect the needs of our most vulnerable citizens.